

Module A:

Participant-Centered Education Individual

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OVERVIEW

Introduction to Nutrition Education

A. Nutrition Education in WIC consists of:

1. Face-to-face conversation
 - Individual
 - Group
2. Telephone conversation
3. Electronic Modules (Confirm if these are used in your agency.):
 - Kiosk
 - Internet
 - Computer-based

B. A nutrition counseling session shall:

1. Only be taught by qualified staff;
2. Engage the participant;
3. Meet language and cultural preferences;
4. Relate to the participant's category, assessment, and/or questions or concerns;
5. Consider participant's readiness for knowledge and change;
6. Address the participant's questions and concerns;
7. Include accurate and current information as obtained through WIC; and
8. Be documented using the Individual Nutrition Education Plan (INEP) in the WIC MIS (Management Information System).

To learn about group education, read Task VI: *Participant Centered Education – Group*. (See WPPM policies listed below)

[WPM-400-03](#) [WPM-400-04](#) [WPM-400-07](#)

Learning Objectives

After completing this module the Trainee will be able to:

- Listen with presence and state the philosophy and elements of participant-centered education for the individual.
 - Identify the various stages of change.
 - Identify and use the individual education skills such as open questions, affirmation, reflection, and summary.
 - Identify the steps of the counseling session, in order.
 - Describe the types of non-verbal cues and give examples of each.
 - Respond to challenging situations.
 - Document the Individual Nutrition Education Plan in WIC MIS.
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PARTICIPANT-CENTERED EDUCATION – INDIVIDUAL

Description

Participant-centered education (PCE) is an approach to learning where the participant and the counselor work together as partners. In PCE the participant is respected as the decision maker. The participant decides if and what she will learn; then if and how she will change her behavior. In PCE the counselor looks for the client's strengths and interests as well as possible problems or challenges.

PCE can take place individually or in a group. Your role as a facilitator in PCE is to help participants explore and strengthen their motivations for change. In PCE, when a participant expresses their reasons for and how they want to change; they are more likely to change than being told what and why to change.

The Spirit of Participant-Centered Education

The most important thing for successful education is the counselor's relationship with the participant. A good relationship starts with the counselor's attitude about counseling. This is called the "spirit" of participant-centered education. Here are some characteristics of good PCE:

- **Collaborative** – shares power and control, dances instead of wrestles
 - **Curious** – wants to know the participant's story
 - **Accepting** – the participant feels accepted for who they are and what they do (even if it is not healthy)
 - **Respectful** – honors the person as a human being with both strengths and challenges
 - **Empathetic** – seeks to understand how the participant feels
 - **Eliciting** – encourages the participant to do most of the talking
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PARTICIPANT-CENTERED EDUCATION – INDIVIDUAL *(continued)*

Listening with Presence

Listening with presence is crucial to PCE. To listen with presence is to be completely focused on and interested in communicating with the participant. The more your participants feel you listen and understand them, the more successful your partnership will be.

The following are some ways to demonstrate you are listening to the participant.

- Be **present** – give your undivided attention with no interruptions.
- Use your **eyes, ears, and heart** – use all of these senses to watch their body language and listen to the tone of their voice. How are they feeling about what they say?
- Use **encouraging words** (e.g., *mm-hmm, I see, Go on, oh, really, right, no way, what else, wow, tell me more*) to demonstrate interest and extend the conversation.
- Be **silent** – sometimes when you are quiet it encourages the participant to think more about what they want to say.

The 50/50 Rule

In a good participant-centered session, the participant ends up talking as much or more than the counselor. This is known as the “**50/50 rule**”. The goal of PCE is to discover what is relevant to the participant. PCE is also very interactive so the counselor does not assume what the participant is thinking.

Frequently, staff genuinely wants to educate and help the participant, but in the process forgets to let the participant talk.

*Using skills (open-ended questions, pausing (counting to 5 to allow time for participant to form a response), affirming etc.) learned in this module will encourage more communication with the participant.

Avoid Push-back

The more someone says they will not or cannot change, the less likely they are to change. When a participant starts to “push-back” to your suggestions, this is a sign for you to listen more closely to her reasons about why she feels she cannot change. You may even need to check in with her about changing to another topic. Avoiding “push back” is fundamental in participant-centered education.

Learning Activity 1

To learn more about *Listening with Presence*, you may want to try **Learning Activity 1** found at the end of this module.

STAGES OF CHANGE

Another fundamental piece of PCE is to understand people generally change only when they are ready to change, not when someone else tells them to change. WIC participants will be at various stages of change. Just because you think someone should change, does not mean they are ready to change their behavior. You will be a much more effective counselor when you respect the individual whether or not they are willing to change. Sometimes helping a participant to start thinking about why they might want to change is the best way to help.

The chart below describes the stages of change.

Stage	Description
Pre-contemplation	The pre-contemplation stage is the “ not even thinking about it ” stage. People in this stage have no plans to change their behavior. They may or may not be aware of how risky their behavior is. They may not see their behavior as a problem.
Contemplation	The contemplation stage is the “ thinking about it ” stage. People in this stage often say they would like to change but do not know how they will make the change. They may be thinking about the “pros” and “cons” of what it takes to make a change.
Preparation	The preparation stage is the “ ready for action ” stage. People in this stage have plans to change their behavior in the near future. They may or may not have taken some action.
Action	The action stage is the “ doing it ” stage. People in this stage have successfully changed their behavior for a short period of time. They may have experienced moments of relapse or not keeping with their action plan.
Maintenance	The maintenance stage is the “ living it ” stage. People in this stage have successfully changed their behavior for a long period of time.

Learning Activity 2

To learn more about the *Stages of Change*, you may want to try **Learning Activity 2** found at the end of this module.

IMPORTANT LISTENING SKILLS - OARS

Important Listening Skills

Successful nutrition counselors regularly use the following listening skills, sometimes called “OARS”.

- **Open-ended Questions**
- **Affirmation**
- **Reflection**
- **Summarizing**

OPEN-ENDED QUESTIONS

An open-ended question is a question which requires more than a simple response of “yes” or “no”.

Asking open-ended questions gives participants the opportunity to explain their feelings, attitudes or perspectives.

Resist “testing” the participant. Instead of *What are good iron sources?* Identify the sources then ask *Which sources do you like best?*

Examples of Open and Closed Ended Questions

Type and Description	When to Use	Examples
Open-Ended <ul style="list-style-type: none"> • Cannot be answered with a “yes” or “no” or short answer • Often starts with “How” or “What” 	<ul style="list-style-type: none"> • To learn an individual’s thoughts, feelings and motivations • To learn about someone’s experiences • To help the participant come up with their own ideas of how they might change 	<ul style="list-style-type: none"> • <i>“How do you feel about breast-feeding?”</i> • <i>“What is a typical meal like for you and your family?”</i> • <i>What might be some of the benefits for you if you do increase your physical activity?</i> • <i>What are some healthy snacks your family might eat?</i>
Closed-Ended <ul style="list-style-type: none"> • Usually answered with a “yes”, “no”, or short answer 	<ul style="list-style-type: none"> • To confirm details 	<ul style="list-style-type: none"> • <i>Do you still live on 3901 Lennane?</i> • <i>How old is your daughter?</i> • <i>Do you or anyone else in your household smoke?</i> • <i>Has your child been to the dentist?</i>

Learning Activity 3

To learn more about *Asking Questions*, you might want to try **Learning Activity 3** found at the end of this module.

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IMPORTANT INDIVIDUAL EDUCATION SKILLS *(continued)*

Important Counseling Skills *(continued)*

AFFIRMATION

An affirmation is a positive statement about a person, it gives credit or acknowledgement. You do not have to like everything about the participant, or agree with what they say or do. In affirmations you focus on something positive. It may be one of the following.

- Quality,
- Behavior,
- Feeling, or
- Accomplishment from the past or present.

Example: A mom shares *My first experience with breastfeeding was difficult because I did not feel my milk supply was enough for my baby.*

One way to affirm might be: “I am sorry breastfeeding felt difficult with your first child. I can tell you really were concerned about your baby’s health.”

Good affirmations are sincere, without mocking the individual.

REFLECTION

Reflection is stating what you think you heard the individual say, but using slightly different words. You can reflect the facts, information or feelings. This will ensure you understand the participant and help them believe you are listening. Reflecting feelings will also help you guide the participant to behavior change.

Here are a few examples:

1. **Participant:** “I have tried everything and I just cannot seem to lose weight.”
Reflection (information): “You have been trying to lose weight but it has not worked.”
 2. **Participant:** “I have tried everything and I just cannot seem to lose weight.”
Reflection (feelings): “You would really like to lose weight and you have been frustrated about finding something which works for you.”
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IMPORTANT INDIVIDUAL EDUCATION SKILLS *(continued)*

The chart below demonstrates how you might use individual education skills when educating a participant.

PARTICIPANT SAYS: <i>“My life is pretty hectic. I get up at 5 am, eat some toast, drink some coffee and leave for work. I do not have time for lunch, but I always eat dinner. Dinner is usually food like beans and rice. I eat vegetables a couple times a week. I’m pregnant and worried the stress is going to hurt my baby. What do you think?”</i>	
Technique	Suggested Active Listening Response
Open Ended Questions	<p>“How do you see yourself making time for lunch?”</p> <p>“What are some things you would like to change in the way you eat?”</p>
Affirming	“I can tell having a healthy baby is important for you.”
Reflecting	“It sounds like you have a very busy schedule and you want to eat healthy for your baby.”
PARTICIPANT’S RESPONSE: <i>Give time for participant to respond to the questions and reflections. This will help you assess their readiness for change and help the participant identify their motivations for change.</i>	
Summarizing	<p>“Let me summarize what you have said so far:</p> <ol style="list-style-type: none"> 1. “Your life is pretty hectic right now and you are worried about how it is affecting your baby.” 2. “You want to make sure you have a healthy baby and to do this you plan to eat lunch more often.”

Learning Activity 4

To learn more about *Basic Individual Education Skills*, you may want to try **Learning Activity 4** found at the end of this module.

NON-VERBAL CUES

Non-Verbal Cues

A non-verbal cue is a message communicated without the use of words. Body language is more powerful than the words spoken. Observing body language can convey how the person is truly feeling.

Note: Also be aware of the non-verbal cues you display to the participant.

Examples of Non-Verbal Cues

Non-verbal cues can include:

- posture
- gestures
- touching
- facial expressions
- eye contact
- voice

Meaning of Non-Verbal Cues

Non-verbal cues can send positive messages such as the following.

- friendliness
- support
- interest

Non-verbal cues can also send negative messages. Avoid using these if possible. Non-verbal negative cues can be shown in the following.

- anger
- frustration
- disrespect
- nervousness
- boredom

Different Meanings

The meaning of non-verbal cues can depend on the culture or ethnicity of the person. Educate yourself on the meanings of common non-verbal cues for the culture or ethnic groups your agency serves.

See Task I Module C: “Working with Diverse Staff and Participants” for more information on non-verbal cues.

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NON-VERBAL CUES *(continued)*

Chart of Non-Verbal Cues

Below is a list of some common non-verbal cues and their meaning.

Type	Description	Meaning
Posture	Leaning forward	Like or interest
	Arms & legs crossed	Dislike or disinterest
	Leaning away from	Dislike or disinterest
Gesture	Frequent gestures	Positive attitude
	Relaxed, open-palm	Positive attitude
	Clenched fist	Negative attitude
	Pointing or shaking finger	Negative attitude
Facial Expression	Nodding head	Supportive attitude
	Smile	Warmth and friendliness
	Constant smile	Fake, not genuine
Eye Contact	Making eye contact	Depends on culture
Body Language	Frequent movement	Restlessness, anxiety, boredom
Voice	Loud, rapid or high pitch	Excitement, anger
	Monotonous inflection	Boredom

Learning Activity 5

To learn more about *Non-Verbal Cues*, you may want to try **Learning Activity 5** found at the end of this module.

STEPS OF THE COUNSELING SESSION

Opening the Conversation

Greet the participant in a warm, welcoming and friendly manner.

- Introduce yourself
- Tell the participant how long the session will last
- Explain the purpose of the session
- Ask permission to continue

Refer to the participant by name.

Choosing a Topic of Conversation

Participants will be more likely to change a behavior when they help choose what to discuss.

Sometimes participants will suggest a topic to discuss. They may have written a question for you on their nutrition questionnaire or may have said something during your conversation. You can start with this topic, unless there is an urgent condition or situation you must discuss.

If there is no mandatory topic, or if the participant doesn't suggest a topic you can do the following:

- Gather and assess information and potential issues for discussion by reviewing:
 - Previous Individual Nutrition Education Plan(s)
 - WIC MIS Health Questions
 - Referral Forms
 - Nutrition Questionnaires
- After reviewing, determine which topics may be of the most value to your participant. For example: healthy snacks, weaning baby/child off the bottle, or breastfeeding support.
- Suggest these topics to the participant and briefly explain how they pertain. Ask the participant if she/he would like to talk about one of these or if she prefers a different topic.

You can use circle charts or nutrition questionnaire sheets to help the participant choose the topic of conversation.

NOTE: Limiting the education to one or two topics can help the session be successful and stay within agency time guidelines.

Must be Discussed Topics

What if the participant has an urgent condition or situation needing to be discussed? This might include evidence of domestic violence, substance abuse, or severe anemia.

If this is the case ask the participant for permission to talk about this topic. You can share your concerns about this issue.

Example: *I noticed this information /situation. I am a bit concerned about it and wondered if it would be OK if we talk about this today?*

If the participant says "yes", then you can start your conversation.

If the participant says "no" let her/him know you respect their decision not to talk about this topic.

STEPS OF THE COUNSELING SESSION *(continued)*

Must be Discussed Topics *(continued)*

Example: *I know it is totally up to you to decide what you want to do. If you do ever want to talk about it, we are happy to help.*

You may want to see if there is another topic to discuss.

Be sure to document whatever you and the participant discuss.

Determining What the Participant Knows About the Topic

Once you and the participant have selected a topic, it is important to determine the participant's knowledge and experiences.

Here are some examples of questions to will help you determine the participant's knowledge or experience:

- *What do you know about latching on during breastfeeding?*
- *What healthy snacks have you already tried with your family?*
- *What do you know about weaning baby/child off the bottle?*

Exploring the Participant's Motivation to Change

One goal of participant-centered education is to have the participant talk about their reasons and motivations for change. This will help the participant recognize when changes need to be made.

Open questions and reflection can help the participant explore their feelings about change. Some examples of open-ended questions are:

- *How ready are you to consider weaning your child off the bottle?*
- *What are the benefits of keeping your child on the bottle?*
- *What would be the advantages of weaning your child off the bottle?*

Offering Information or Advice

Once you have explored and discussed the participant's motivation for change, the next step could be offering information or advice. The participant will probably be more receptive to information if you do the following:

- Ask their permission before offering advice
- Ask for their ideas/thoughts first
- Focus on the participant's needs and motivations
- Keep the information brief - one to two points

After you give information, it is important to help the participant explore what they think about it. Remember, your goal is to get the participant to talk about what he or she will change. They are much more likely to make a change if they state it rather than you.

These are some open questions.

- *What do you think about _____?*
- *How do you see yourself using this information?*

STEPS OF THE COUNSELING SESSION *(continued)*

Closing the Session

Closing the session is the final step. The last part of the session is often what the participant remembers most. Closing a session might include the following.

A Summary

Provide a brief summary of what was talked about during the session. Only include specific details if they are absolutely necessary.

Ask *What's your next step?*

At the end of the session you want to encourage the participant to think about what actions she/he will take. Here are some examples of open-ended questions you could use:

- *Where will you go from here?*
- *After discussing weaning _____ off of the bottle, what are some things you are considering in order to make this change?*
- *What are your next steps?*

Say *Thank you*

Thank the participant for coming and being willing to talk with you.

DOCUMENTING AN INDIVIDUAL NUTRITION EDUCATION PLAN

Description

Qualified staff shall document all individual Nutrition Education Contacts in the WIC MIS *Individual Nutrition Education Plan (INEP)*. Documentation of progress is necessary to maintain effective communication with staff and to provide supportive continuity of care in helping participants reach their goals.

Individual Nutrition Education Plan Documentation

Indicators of Nutritional Need

- Place “Y”(yes) ONLY by those you have discussed
- Leave it BLANK if you do NOT discuss a topic

Notes:

- Reason for D code
- Explanation of any non-specific B or C codes, if applicable; e.g.:
B90 – Other congenital blood disorders
C53 – Severe Acute Infections
C56 – Current GI Disorder
C123 – Other Medical Diseases and Conditions
(See WPPM Sections [WPM 210-12](#) or [WPM 210-14](#) for additional non-specific codes)
- Explanation of any “Y”s on Health Questions
Example – Need for MD/hospital visit in last 6 months (if applicable)
- Progress on previous goals (enrollments won't have previous goals)
- Brief notes on participant's concerns/issues
- Brief description of your discussion with Participant
- Brief notes on other information important for follow up appointments
- Participant refusal of education or referrals (if anything was declined).

Participant Chooses to – include:

What did the Participant say during the conversation?

What is the Participant's next step? For example:

- Taking action
- Talking to someone
- Thinking something over

Make sure goal is measureable – include WHAT, HOW, and WHEN.

Follow-up (F/U) Plan:

Topics or education to be addressed or revisited in the future (topics should relate to Participant's needs/interests based on today's and/or previous discussions)

- If the next visit is with a Nutritionist, list risk & any other relevant information
- Labs and/or referrals offered
- If Participant declined education, document suggested future education plan

DOCUMENTING AN INDIVIDUAL NUTRITION EDUCATION PLAN *(continued)*

Individual Nutrition Education Plan Documentation *(continued)*

Complete: Appropriately document Breastfeeding Plans and/or Infant Feeding field.

Document Nutrition Education Contacts: Place a Y (yes) next to the appropriate contact code in the Nutrition Education contacts screen. The contact is then retained in the participant's Nutrition Education History.

Allowable Abbreviations

There is a standardized abbreviations list for staff to use on the WIC website. To access it click on the following link, *California WIC Standard Abbreviations* ([WPM Appendix 1000-60](#)). Use this when documenting information in WIC MIS. It allows for effective and efficient documentation of nutrition services provided and enhances quality communication among local agency staff or other agencies.

Your agency may have developed additional abbreviations for names of healthcare providers or referral programs unique to your agency or community.

Learning Activity 6

To learn more about *Documenting an Individual Nutrition Education Plan*, you may want to try **Learning Activity 6** found at the end of this module.

HANDLING CHALLENGING SITUATIONS

Description

At times you may have to deal with challenging situations in individual education. Below are a few common challenges and suggestions you might try. Many of these situations may be easy to handle and others more difficult. They will become less challenging with time and practice.

Active Children

It is normal for a toddler or preschooler to be active and want to explore the WIC office. It is important for the safety of the child to be in close proximity to their parent. The parent is responsible for their children. Below are a few suggestions for handling active children:

- Speak directly to the parent and ask them to monitor their child
- To occupy toddlers and preschoolers, you can provide books or puzzles
- Model positive parenting and give the child something to do in a designated space
- Keep coloring sheets and crayons at your desk
- Direct the other parent, if present, to the play area
- Keep the counseling session brief

The Disinterested Participant

There will be times when a participant does not seem interested in the session. A participant may be having a rough day. Perhaps their child is sick, they rode the bus for two hours, or they are just experiencing stress.

WIC participants are an at-risk population and being able to empathize with their situation is important. It can be hard not to take this difficult situation personally. You cannot control what happened in their life before coming to the office, but you can influence the interaction you have.

Below are a few suggestions for handling disinterested participants:

- Empathize – Put yourself in their shoes
- Offer the participant options: *I can see you are having a rough day; I have a couple of options for you...*
 1. *We can keep the session brief or*
 2. *We can issue your food instruments today (if possible) and reschedule your session for your next appointment.*

*See Task I Module B “*Communication: Verbal and Non-verbal*,” or Task VI Module B “*Facilitating a Class*” to learn more about handling difficult situations or participants.

PROGRESS CHECK

1. Identify the stage of change for each of the following participants.

STAGE	DESCRIPTION
	Amy Tang is new to WIC. She does not say much but tells you she has read all the pamphlets on breastfeeding and may consider breastfeeding her new baby. She says she wants to make sure her child is healthy.
	Maria Garcia's two-year old son Miguel drinks from a bottle. Maria is not at all concerned about this and does not see it as a problem.
	Pamela Johnson is two months pregnant and used to smoke a pack of cigarettes/day. She says she knows smoking is not good for her health and she is aware of the harmful effects on the fetus. She has not smoked in seven months.
	Amanda Gomez has just started eating more fruits and vegetables. She tells you it has been two months and she feels so much better.
	Juanita Folk says she has read several nutrition pamphlets received on her last visit. She wants to know what she should do to eat more nutritious foods.

2. Match each of the following listening skills with its example.

_____ Affirming	(A) <i>Today we discussed how to wean your son off the bottle and how to make healthier snacks.</i>
_____ Reflecting	(B) <i>This a great plan. I can see how you can help your daughter to eat more vegetables.</i>
_____ Open-ended questions	(C) <i>It sounds like you do not like to eat fruits and vegetables.</i>
_____ Summarizing	(D) <i>What have you been doing to get your son to drink from a cup?</i>

PROGRESS CHECK *(continued)*

3. Put a check mark next to the **open-ended** questions below.

_____ *How old are you?*

_____ *How did you wean your baby off the bottle?*

_____ *Are you new to the WIC program?*

_____ *How do you feel about your baby's weight?*

_____ *Are you feeling okay?*

_____ *How do you prepare low-fat meals?*

4. List in order the six steps of a successful counseling session:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

5. Match each of the following non-verbal cues with its meaning.

_____ Leaning forward

_____ Clenched fist

_____ Frequent movement

_____ Smile

(A) Negative attitude

(B) Bored, restless, anxious

(C) Interested

(D) Warm, friendly

LEARNING ACTIVITIES

The following activities are included and are recommended for interactive learning:

- **Learning Activity 1:** Listening with Presence
- **Learning Activity 2:** Stages of Change
- **Learning Activity 3:** Asking Questions
- **Learning Activity 4:** Basic Individual Education Skills
- **Learning Activity 5:** Non-Verbal Cues
- **Learning Activity 6:** Documenting an Individual Nutrition Education Plan

Activity 1: Listening with Presence

Learning Objectives	After completing this activity the Trainee will be able to: <ul style="list-style-type: none">• experience what it is like to be an active listener and• have someone be an active listener.
Instructions	<ol style="list-style-type: none">1. Ask a co-worker to talk about something for 5 minutes.2. Listen, be present, do not interrupt or speak for the 5 minutes.3. Switch roles, you talk for 5 minutes and the coworker listens.4. Use the following form to document your experience.

Activity 1: Listening with Presence

Instructions: Observe a counseling session or conversation. Answer the following questions.

1. As a listener, describe your experience.

(i.e. difficult, easy, mind wandering, anticipating speaker's next sentence?)

2. As a speaker, describe your experience.

(i.e. felt pressure to keep talking, nervous, shy, anticipating boredom?)

3. After this experience, what would you do differently when listening to a participant?

(i.e. focus, be present, and limit anticipation for speaker, or you are already a good listener?)

Activity 2: Stages of Change

Learning Objectives	<p>After completing this activity the Trainee will be able to identify:</p> <ul style="list-style-type: none"> • A change you made, • What motivated the change, and • What steps you took to make the change.
Background	<p>There are 5 Stages of Change:</p> <ul style="list-style-type: none"> • Pre-contemplation • Contemplation • Preparation • Action • Maintenance
Instructions	<p>Think about a challenging or difficult change you made. For example: flossing your teeth, exercising, or quitting smoking. Respond to the questions below with your experience in mind.</p>
1. What change did you make?	
2. How did it feel when people gave you advice or told you to make the change before you were ready?	
3. What motivated you to change?	
4. What steps did you take to help you in the process?	
5. Reflecting on your own experience; how might this influence the way you educate WIC participants?	

Activity 3: Asking Questions

Learning Objectives	After completing this activity the Trainee will be able to: <ul style="list-style-type: none">• Identify an open-ended and a closed-ended question.• Develop examples of each of these types of questions.
Background	There are 2 types of questions: <ul style="list-style-type: none">• open-ended• closed-ended
Instructions	Using the learned information, write your questions for Mary Smith following the directions at the end of each scenario.

Activity 3: Asking Questions

1. *Mary Smith is new to WIC. She seems shy and you want to get to know her better. What **open-ended question** could you ask?*

2. *Mary tells you she is pregnant and has been having a hard time with her pregnancy. You want to get the details on the difficulty she is having. What **open-ended question** could you ask?*

3. *Mary tells you she has had nausea for several weeks. You want to know if she is still having nausea now. What **closed-ended question** could you ask?*

Activity 4: Basic Listening Skills

Learning Objectives	<p>After completing this activity the Trainee will be able to demonstrate how to use the following listening skills:</p> <ul style="list-style-type: none">• reflecting,• affirming,• open-ended questions, and• summarizing in a counseling session
Instructions	<p>Using the learned information, write down how you would respond using each technique.</p>

Activity 4: Basic Listening Skills

Participant says: *My two-year-old daughter still takes a bottle at naptime and right before bed. At the dentist last week I found out she has some cavities. Every time I try to take her bottle, she cries. She only wants her milk in a bottle. I do not know what to do.*

Technique	Suggested Response
Open Ended Questions	
Affirming	
Reflecting	
<p><u>Participant's response:</u> <i>After further discussion, the participant decides to put water in the bottle and talk to her spouse and grandma about weaning the child on a weekend.</i></p>	
Summarizing	

Activity 5: Non-Verbal Cues

Learning Objectives	<p>After completing this activity the Trainee will be able to:</p> <ul style="list-style-type: none">• Recognize some non-verbal cues and• Identify similarities and differences in the meanings of some non-verbal cues depending on the culture of the person.
Instructions	<p>Using the learned information, complete the following:</p> <ol style="list-style-type: none">1. Observe others and yourself interacting. You can do this by:<ul style="list-style-type: none">• Watching characters on television with the volume off,• Observe interactions between participants and staff from a distance, and• Note your own non-verbal cues throughout the day2. Complete the following forms to describe the observations of others and yourself. (You may use the <i>Table of Non-Verbal Cues</i> on page 9 as a reference.)

Activity 5: Non-Verbal Cues

OTHERS

Non-Verbal Cue	What might it mean?
1.	
2.	
3.	
4.	
5.	

YOURSELF

Non-Verbal Cue	What might it mean?
1.	
2.	
3.	
4.	
5.	

Activity 5: Non-Verbal Cues

What were some of the **positive** non-verbal cues you noticed?

What were some of the **negative** non-verbal cues you noticed?

Did you notice any **differences** in the meaning of non-verbal cues **between cultures or ethnicities**?*

**Check with your supervisor or mentor for information on non-verbal communication among the cultures served by your local agency.*

Activity 6: Documenting an Individual Nutrition Education Plan

Learning Objectives	After completing this activity the Trainee will be able to: <ul style="list-style-type: none">• Document an Individual Nutrition Education Plan in WIC MIS.• Determine the nutrition education plan for the certification period.
Instruction	Using the learned information, complete the case studies on the next three pages.

Activity 6: Documenting an Individual Nutrition Education Plan**Case Study #1**

A prenatal participant, who is 4 months pregnant, just completed her enrollment appointment. She does not have her blood work. She has gestational diabetes. It is currently being controlled by her dietary intake. This is her first pregnancy and she is thinking about breastfeeding. Her nutrition education needs to be planned for this certification period.

What do you do?**Write your INEP for this participant:****Notes:**

Participant chooses to: _____

Follow-up Plan: _____

Activity 6: Documenting an Individual Nutrition Education Plan**Case Study #2**

A postpartum participant just completed her certification appointment and enrolled the baby. The baby is nursing, but mom is concerned about having enough breast milk. She is thinking about getting some formula as a backup. She does not have her postpartum blood work. Her nutrition education needs to be planned for this certification period.

What do you do?**Write your INEP for this participant:**

Notes: _____

Participant chooses to: _____

Follow-up Plan: _____

Activity 6: Documenting an Individual Nutrition Education Plan**Case Study #3**

A one-year-old child participant was just certified. His weight and height are within normal limits. His hemoglobin (blood work) is 10.8 mg/dl. He loves his milk and still uses a bottle when fussy or for naps. His nutrition education needs to be planned for this certification period.

What do you do?**Write your INEP for this participant:**

Notes: _____

Participant chooses to: _____

Follow-up Plan: _____

PROGRESS CHECK ANSWERS

1. Identify the stage of change for each of the following participants.

STAGE	DESCRIPTION
<u>Contemplation</u>	Amy Tang is new to WIC. She does not say much but tells you she has read all the pamphlets on breastfeeding and may consider breastfeeding her new baby. She says she wants to make sure her child is healthy.
<u>Pre-Contemplation</u>	Maria Garcia's two-year-old son Miguel drinks from a bottle. Maria is not at all concerned about this and does not see it as a problem.
<u>Maintenance</u>	Pamela Johnson is two months pregnant and used to smoke a pack of cigarettes/day. She says she knows smoking is not good for her health and she is aware of the harmful effects on the fetus. She has not smoked in seven months.
<u>Action</u>	Amanda Gomez has just started eating more fruits and vegetables. She tells you it has been two months and she feels so much better.
<u>Preparation</u>	Juanita Folk says she has read several nutrition pamphlets received at her last visit. She wants to know what she should do to eat more nutritious foods.

2. Match each of the following listening skills with its example.

- | | |
|-----------------------------------|---|
| <u> B </u> Affirming | (A) <i>Today we discussed how to wean your son off the bottle and how to make healthier snacks.</i> |
| <u> C </u> Reflecting | (B) <i>This is a great plan. I can see how you can help your daughter eat more vegetables.</i> |
| <u> D </u> Open-ended questions | (C) <i>It sounds like you do not like to eat fruits and vegetables.</i> |
| <u> A </u> Summarizing | (D) <i>What have you been doing to get your son to drink from a cup?</i> |

PROGRESS CHECK *(continued)*

3. Put a check mark next to the **open-ended** questions below.

_____ How old are you?

√ _____ How did you wean your baby off the bottle?

_____ Are you new to the WIC program?

√ _____ How do you feel about your baby's weight?

_____ Are you feeling okay?

√ _____ How do you prepare low-fat meals?

4. List in order the 6 steps of a successful counseling session:

1. Opening the Conversation
2. Choosing a topic of conversation
3. Determining what the participant knows about the topic
4. Exploring the participant's motivation to change
5. Offering information or advice
6. Closing a session

5. Match each of the following non-verbal cues with its meaning.

- | | |
|----------------------------|------------------------------|
| <u>C</u> Leaning forward | (A) Negative attitude |
| <u>A</u> Clenched fist | (B) Bored, restless, anxious |
| <u>B</u> Frequent movement | (C) Interested |
| <u>D</u> Smile | (D) Warm, friendly |